



## North Garden Equestrian Center Rider Information & Liability Release

Rider's Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

Any Additional Phone Numbers: \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_

### WAIVER OF LIABILITY

I ACKNOWLEDGE AND UNDERSTAND THAT VIRGINIA STATE EQUESTRIAN LAWS APPLY AT NORTH GARDEN EQUESTRIAN CENTER. I RECOGNIZE THAT THIS ACTIVITY INVOLVES RISK OF INJURY OR DEATH AND THAT BECAUSE OF THE NATURE OF THIS ACTIVITY, AN INJURY MIGHT OCCUR. IN THE EVENT OF AN INJURY TO MYSELF OR A FAMILY MEMBER, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN TO RENDER ANY TREATMENT HE DEEMS NECESSARY AND AGREE TO PAY FOR SUCH A TREATMENT. I AGREE TO RELEASE NORTH GARDEN EQUESTRIAN CENTER, ITS AFFILIATES, EMPLOYEES, AND INSTRUCTORS FROM ANY AND ALL LIABILITY RELATED TO ANY INJURY I HAVE SUSTAINED OR MAY LATER SUSTAIN WHILE ENGAGING IN THIS ACTIVITY, AND HOLD NORTH GARDEN EQUESTRIAN CENTER, ITS AFFILIATES, EMPLOYEES, AND INSTRUCTORS HARMLESS FROM ANY CLAIM, COST, OR EXPENSE IN THIS ACTIVITY. I ACKNOWLEDGE THAT I HAVE READ THIS STATEMENT, FULLY UNDERSTAND IT, AND SIGN VOLUNTARILY. I AM ALSO AWARE THAT NORTH GARDEN EQUESTRIAN CENTER RULES STATE THAT USEF APPROVED SAFETY HEADGEAR MUST BE WORN WHEN MOUNTED.

RIDER OR PARENT/GUARDIAN (IF RIDER IS UNDER 18) SIGNATURE:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_